



AMERICA'S HEROES

**Veterans
and our
community,
working
together**

**Businesses and organizations
support returning soldiers**

**Resources for veterans
and their friends
and families**

**How to help loved ones
reintegrate into civilian life**

A special section produced by the Nevada State Health Division and RGJ Custom Publishing Group

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Photo by David Calvert

Lt. Col. Jo Meacham, 152nd Mission Support Group Deputy Commander at the Nevada Air National Guard Base.

Cover photo:

Lt. Col. Karl Restall kisses his son after being welcomed home from his deployment to Iraq with the First Cavalry Division, Wednesday Dec. 19, 2007 in Fort Hood, Texas, *photo by Killeen Daily Herald, David Morris.*

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Unconventional Community Support

By Bridget Meade

For some, it is giving veterans a chance to express themselves through art. For others, it is teaching the disabled to ski. Others give back by making sure veterans and their families have a place to stay when they visit the VA Sierra Nevada Health Care hospital. However, they all have one mission: To support Northern Nevada veterans and their families.

David J. Drakulich Foundation: For Freedom of Expression

On Jan. 9, 2008, Tina Drakulich's life changed.

"My son David was serving in Operation Enduring Freedom in Afghanistan," she said. "He was excited to complete his mission in May and come home to focus on his first love, art."

David never came home.

Art has been part of the Drakulich household for a long time. As a child, David was an avid painter. Tina had received her Master's degree in creative arts therapy and was taking classes at TMCC to teach art when he died. David was 16 when he witnessed the events of Sept. 11, 2001. While he never confirmed it to his parents, that was the day they believe he decided to serve his country. He gave up painting to start cross-country training so he could run for his country if the need arose.

He enlisted in the US Army in 2004. It wasn't long before David realized his creativity made it difficult for him to fit in with his comrades. Fortunately, he was assigned to the 82nd Airborne division in North Carolina two years later. There he was recognized for his ability to look at landscapes and being able to place them on a map. In fact, it was his drawing skills that earned him a Bronze star before he died.

Surprised by the outpouring of grief and support from friends and family in northern Nevada, the Drakulich family knew they wanted to find a way to memorialize David. At his service in North Carolina, they realized the impact he had on his fellow soldiers.

"It is apparent what their needs are," she said. "In some way, we are all hurting. We needed therapy and support. I knew art could be part of someone's therapy. In fact, holding a brush is physical therapy."

The Drakulich family soon founded the David J. Drakulich Foundation: For Freedom of Expression. The organization now provides art lessons to veterans every Friday at the VA hospital. It recently received funding to buy the equipment for papermaking as part of the Combat Paper Project.



Veteran Raymond Molina works on an art piece during a class at the Veteran's Affairs building. Photo by Amy Beck

Soldiers, veterans, and family members take uniforms and cut them into postage size stamps. They then put them into a mill where it turns into pulp. From there they can mold it into any form they wish and write or draw on their creation.

"It's a way of overcoming the symbol of our pain," Drakulich said.

The David J. Drakulich foundation is now a 501 (c) (3) thanks to the support of family and friends. Family friend and Legends Hair and Nail Salon owner Lynnae Cotroneo started an annual wine tasting benefit in memory of David in 2008.

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Legend's fundraising dollars have funded a majority of the program.

"We couldn't have done it without people like Lynnae," Drakulich said.

Disabled Sports Program Center

"Come and join the fun," Disabled Sports Program Center president Doug Pringle tells disabled veterans.

He's not trying to be a salesman. He means it. It was that phrase that changed his life after losing his leg in the Vietnam War in 1968. At the time, he laid in his hospital bed while people told him his missing leg meant his life was ruined. Then a group of World War II veterans offered to take him and his fellow injured soldiers skiing at an amputee ski club at Donner Lake.

"I thought they were nuts," Pringle said. "I had only skied once before and I never thought it was possible to ski on one leg. I decided not to go."

When his buddies returned from a weekend in the mountains with stories of learning to ski, hanging out in bars, and meeting pretty women, he changed his mind.

"They were able to get out of the hospital and have some fun," he said. "I decided to give it a shot. It literally changed my life."

Now Pringle is giving disabled veterans the same chance the World War II vets gave him. Thanks to the facilities at Alpine Meadows and Squaw Valley, the Disabled Sports Program Center offers skiing lessons to about 500 veterans. In the summer, they offer lessons in archery, water skiing, cycling, and white water rafting.

"Our motto is safety comes first," Pringle said. "Sometimes people think they won't be able to do it. When you tell people who've been in the hospital for weeks or months that it's a chance to have a great time, they're more likely to join in the fun."

Veterans Guest House

With his wife's permission, the Veterans Guest House is Richard Shuster's first love.

He discovered the Veterans Guest House 16 years ago when he saw their Reno Gazette-Journal advertisement that sought volunteers. Several years prior to the ad, two local veterans, Chuck Fulkerson and Dick Rhyno, heard that veterans and their families were sleeping in cars without food or money while visiting the VA Sierra Nevada Health Care hospital. They vowed right then that never again would a veteran and their families go without food and shelter while receiving medical care.

Shuster started volunteering and now serves as the vice president of the organization's board. His passion for veterans' issues runs deep. He provided medical care to Vietnam War soldiers until he sustained a spinal injury and was eventually discharged. It wasn't until the mid 1980s when he began to reflect

on his service. When one of his sons returned from Iraq 100 percent disabled, he sought out information on the Gulf War Syndrome.

"I was learning, finally, how to be involved in veterans' issues and my son knew I was doing my best for him," Shuster wrote in his essay, "Grampa, were you in the Vietnam War?"

Today Shuster and the volunteers at the Veterans Guest House provide a valuable resource to 123,000 veterans who live in the region that Reno's VA hospital serves. True to the organization's credo, the veterans and families who need assistance get a safe place to rest.

According to Shuster, people are often unaware of the services available to them or are afraid they don't qualify. Fear of not qualifying should not stop them from seeking help.

"If they want a safe, clean place where they feel at home with family, the Veterans Guest House is here," Shuster said. "It's where I'd be if I were in that situation."



Veteran Karl Hagenbuch paints some ceramic Santas at the Veteran's Affairs building as part of an art class.



Photos by Amy Beck



An arsenal of apps

Here are mobile applications that can help veterans and their families



LifeArmor

This is a comprehensive learning and self-management app that assists with many life situations that can impact members of the military community. LifeArmor provides easy to understand tools for learning, self-assessment, recovery, and peer-support.



PTSD Coach

PTSD Coach is a mobile phone app for people with Post-Traumatic Stress Disorder (PTSD) and those interested in learning more about PTSD. This app was the result of collaboration between the VA's National Center for PTSD and the DOD's National Center for Telehealth and Technology (T2).



Breathe2Relax (B2R)

B2R is another app developed by T2 that helps individuals learn relaxation techniques to promote resiliency, recovery, and re-integration.



Wounded Warrior Regiment (WWR)

This is a news and information app for wounded, injured, and seriously ill Marines and Veterans of all services. WWR provides information about benefits and programs and news stories, pictures, and videos of Wounded Warriors healing, adapting, and thriving.



H2H.Jobs

This is a mobile app that connects to the Hero 2 Hired website providing veterans with job searches and employment skills. H2H also provides a social networking function for staying in touch and peer-support.



Military Discounters

This is a fun and easy to use application that provides information about local businesses that offer discounts to military community members.



Call Dibs

Call Dibs is an online market place for military community members to buy and sell goods exclusively within the military community to include active duty, Guard, Reserve, Veterans, Retirees, and DOD civilians.



iBlueButton

This is a mobile app for veterans enrolled in the VA Healthcare's "My HealtheVet" system. This app takes you to various resources that would be accessible on line through the www.myhealth.va.gov and other portals. Great for managing your VA medical information, appointments, and prescriptions.



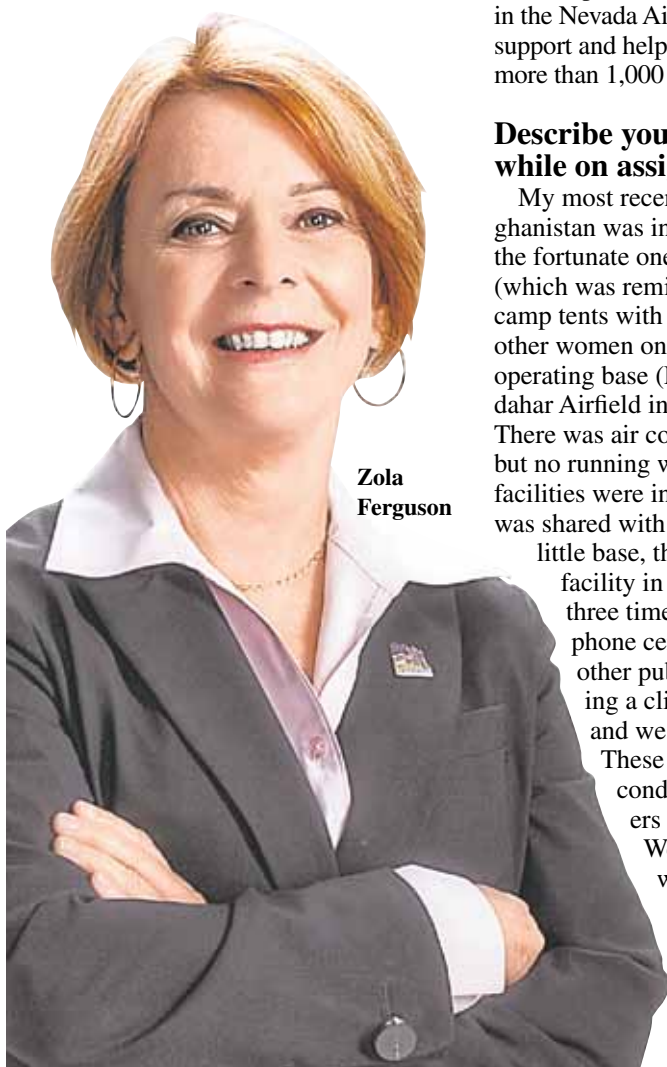
What does a veteran look like?

Three veterans in our community share a variety of perspectives and experiences

Name: **Zola Ferguson**
Age: **61**
Hometown: **Reno, NV**

What branch of the service were you in?

I am still in the Nevada Air National Guard (NVANG). When I was deployed, I was active duty Air Force. I deployed to Iraq for three months in 2005 and to Afghanistan from Jan. 2 to July 22, 2008.



Zola Ferguson

Why did you choose the branch that you did?

I chose the Air Force because I love flying airplanes and my father was in the Army Air Corps during WWII.

What was your rank and job?

I hold the rank of Lieutenant Colonel and I am a physician assistant. My job while on active duty was to treat wounded troops of all nations as well as many civilians in field hospitals. While I am at home serving in the Nevada Air National Guard, it is to support and help manage the health of the more than 1,000 members of the NVANG.

Describe your living conditions while on assignment.

My most recent deployment to Afghanistan was in 2008 and I was one of the fortunate ones. I lived in a "B" hut (which was reminiscent of girl scout camp tents with wooden sides) with three other women on small American forward operating base (FOB) just outside Kandahar Airfield in Southern Afghanistan. There was air conditioning inside the hut, but no running water or bathroom. The facilities were in another small trailer that was shared with others in our area. On this

little base, there was a small dining facility in a tent with food prepared three times a day, a small library/phone center, a gym and a few other public buildings, including a clinic where I worked. Oh, and we had many "bunkers."

These were either large concrete conduits or shipping containers covered with sandbags.

We had to go to the bunkers when mortars breached the perimeter and the warning sirens sounded, usually a couple of times a week.

There was limited access to the large main NATO base, where there

were more than 20,000 people and more amenities. From March until I left in July the temperatures were well above 100 degrees and stayed hotter than 120 degrees for two weeks in July.

What was different when you returned from service?

I was different when I returned. Every person who is exposed to war is going to be changed. That change may take months or years to understand. I am much more grateful for the small things, like the safety of driving down a tree lined street and for the abundance and beauty of America. As a woman, I am so grateful to have been born an American, to have had the opportunities in life that the majority of women in the world will never experience. I have freedom of choice, I can drive and vote and become the woman I was born to be.

What resources have you accessed for work? Health and wellness? Benefits? Healthcare?

Again, I am one of the fortunate ones. My job was there when I returned. I work for the VA and I was on leave during my deployments and my job was there when I returned. In 2010, I began my current job as Women Veterans Program Manager at the Reno VA Medical Center and have had the privilege of serving other women veterans. As a veteran, I also use the VA medical center for health care and I have used the benefits available through the VA Regional office.

What would you like people to know about veterans in general? What misconceptions would you like to clarify?

What I would like the community to know about veterans is that every veteran has had unique experiences as a result of their service and these have shaped their character and will continue to influence

their life. It is important not to minimize or to inflate these experiences, but to try accept and understand the veteran as they go forward. Many of the lessons learned through their service make them exemplary spouses, parents, citizens, students, employees, bosses, and community leaders.

Name: **Derek Castro**
Age: **33**
Hometown: **Santa Paula Calif.**

What branch of the service were you in?

I served in the United States Army.

Why did you choose the branch that you did?

My father, grandfather, and numerous other family members have served in the Army. I felt it would be good to continue the tradition.

What was your rank and job?

I retired as an E-7 Sergeant First Class. I served as a team sergeant for a combat advising unit. We were responsible for conducting combat operations in coordination with the Afghan National Police and Afghan National Army in Eastern Afghanistan. The Embedded Training Team was also responsible for numerous humanitarian missions to outlying villages.

Describe your living conditions while on assignment.

We lived on a secluded remote firebase in Eastern Afghanistan. My team and the Special Forces team combined made a total of 41 total Americans on the fire base. Food was scarce at times, and the ability to resupply was inconsistent. We would frequently run low on food or have to purchase food and other items from local Afghan merchants in the immediate area. Given that we had such a small

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force, accommodations were minimal and our living standard was very basic.

What was different when you returned from service?

My return home was without much fanfare. I was pulled from my team and left behind at the hospital in Ft. Riley, Kansas to heal from my injuries that I

Derek Castro



sustained during my time in Afghanistan. Being forced to realize that I had suffered injuries that were permanent and that I was no longer indestructible was a pretty hard pill to swallow. I felt as if my career was being cut short. It seemed like my family and friends and co-workers looked at me differently, as though they pitied me. I told myself that I would not let any injury get in the way of me living my life and do everything within my power to show everyone that I was OK.

When I retired from service I found out just how hard it is to get the benefits you are entitled to and find people who are willing to help you understand the transition from military to civilian life. Once you get your DD-214 or final documents from your last unit, you fall into the great abyss of miscommunication and red tape. Veterans have to fight harder than they ever have before to get their benefits or justify why they might need certain types of benefits. I now understand why so many veterans from the wars before me have chosen to walk away without getting the benefits they were entitled to. I found that no matter what your rank was, or how important you might have been, in the civilian world you are just another number in the waiting line.

What resources have you accessed for work? Health & wellness? Benefits? Healthcare?

I returned to my previous employer with the certain limitations. I maintain my level of fitness by continuing to go to the gym around the corner from my house and stay in decent shape. I still have a regimented schedule of physicians that keep me healthy and help manage my pain. Because of this, I am able to keep an active lifestyle.

What would you like people to know about veterans in general? What misconceptions would you like to clarify?

I would like the community to understand that while yes, there is a lot more awareness about the healthcare of veterans, the system itself is still substandard. Many of the older veterans are still not receiving the healthcare they deserve. When a correctional inmate can receive faster, cheaper and better quality treatment than a combat wounded veteran, the system is quite obviously still broken.

Photos by Richard Stokes

Name: **Joshua Charles Leal**
Age: **24**
Hometown: **Reno NV**

What branch of the service were you in?

United States Marine Corps.

Why did you choose the branch that you did?

I chose the Marine Corps because I wanted to be a U.S. Marine since I was five years old.

What was your rank and job?

I was a Corporal while I was on active duty and I was promoted to Sergeant on Jan. 1, 2011 in the Individual Ready Reserves (IRR).

Describe your living conditions while on assignment.

We lived out of our packs while not on any main FOBS, took water bottle showers and did not receive 12-man tents to sleep in until the second to last month we were in Afghanistan.

What was different when you returned from service?

I had found that there was a lot that had changed. I thought seeing anti-oxidant 7-Up was weird. I did not like hearing that my friends thought that having to work was a bad thing after seeing other countries in the world and meeting other people who have no job or way of getting even the most basic of living conditions.

What resources have you accessed for work? Health & wellness? Benefits? Healthcare?

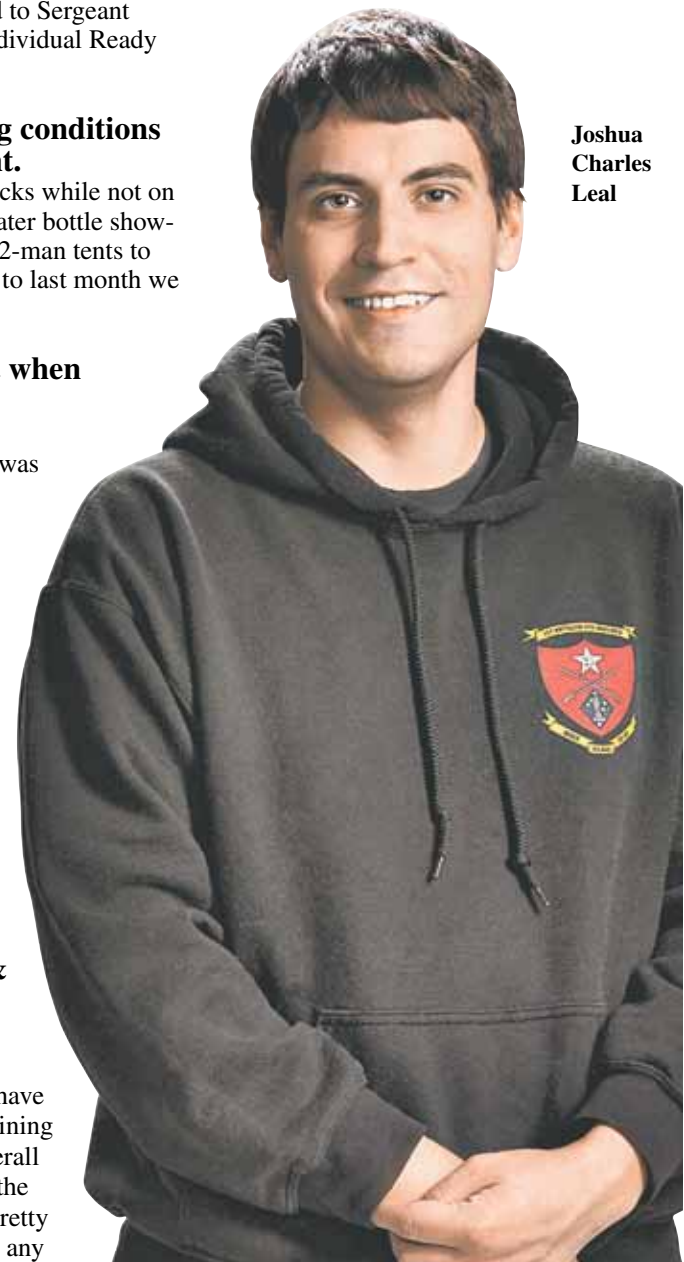
I looked for jobs on USAJOBS.COM, and I have relied on my military training to work security. My overall health is OK and I have the ability to work so I am pretty well off. I do not receive any

benefits just my VA Healthcare that I am happy with.

What would you like people to know about veterans in general? What misconceptions would you like to clarify?

I would like the community to know that veterans are not evil, that we are people just like they are who choose to serve. The one main misconception that I would like to clarify is that veterans are not crazed killers or violent sufferers of Post Traumatic Stress Disorder. Most of veterans are pleasant people who just want to live in peace.

Joshua Charles Leal



Reach for help to recover from PTSD

By Brandi Schlossberg

On her way home to Nevada, flying over the Atlantic Ocean from Afghanistan, Lt. Col. Jo Meacham knew she would arrive with a backlog of emotions. Not only would she face dealing with what she experienced during deployment, but also the loss of her father, who died the day before she came home from Afghanistan.

"I had normal post-traumatic stress causing reintegration issues, and I knew that, even as I was coming home," Meacham said. "Then, to come home to the loss of my father just threw grief in the mix, so that felt like a sucker punch to the gut."

Despite these intense emotions, it took nine months — and a firm nudge from her husband — for Meacham to reach out and accept the help she needed to move on and lead a healthy life.

"I can't overstate how hard it was for me to admit that I needed help and then to actually reach out and get help," she said. "Were it not for the one person I live with



Photo by David Calvert

Following her deployment and the death of her father, Lt. Col. Jo Meacham experienced post-traumatic stress.

80 percent of the time putting his foot down, I probably would not have reached for help."

Today, Meacham is grateful her husband motivated her to access the help available to veterans — she describes the counseling she received as "life changing." Based on her own experience, Meacham advises family members and friends of other veterans to take action if they believe their loved one might also benefit from assistance.

Understanding PTSD

According to experts, it's common to have stress-related reactions after a traumatic event, and it can happen to anyone — not just military members or those deployed in combat zones. However, if these reactions stick around and start disrupting your life, it may be time to seek treatment for post-traumatic stress disorder.

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Watch for symptoms, ask for help

According to experts, symptoms of post-traumatic stress disorder typically start soon after the traumatic event. However, in certain cases, the symptoms of PTSD may not surface until months or even years later.

The National Center for PTSD describes four main categories of PTSD symptoms:

- Reliving the event may involve bad memories and nightmares, as well as feeling as if you're going through the traumatic event all over again.
- Avoiding situations that remind you of the event may include staying away from people or settings that trigger memories of the traumatic event, as well as avoiding talking or

thinking about the event.

■ Feeling numb can equate to difficulty experiencing and expressing feelings, lack of interest in activities you once enjoyed, a decrease in positive or loving feelings toward others, and a tendency to avoid relationships.

■ Feeling keyed up, also called hyperarousal, might mean feeling jittery or always alert and on the lookout for danger, and you may find yourself suddenly becoming angry or irritable. Trouble sleeping and concentrating, as well as being easily startled, also fall within this category of symptoms.

According to Trudy Gilbert-Eliot, a licensed marriage and family therapist who serves

as 152nd Wing Director of Psychological Health for Nevada Air National Guard, family members and friends may notice a change in a person's usual level of functioning.

"The person suffering from PTSD may not want to go out as often, and when they do, they may appear more anxious than usual," Gilbert-Eliot said. "They may be much more tired due to sleep disturbance, their concentration may be off, and they may seem more emotional and sensitive than before — but others may seem almost numb or unemotional."

"They might get upset or angry if the trauma event is brought up or is triggered," she added, "and sometimes people seem like

they're depressed."

If you believe you or a loved one may be suffering from PTSD, the following resources are available to provide assistance or connect you with help:

Call the Veterans Crisis Line at 1-800-273-8255, and press 1 or text 838255. You also can go online to veteranscrisisline.net and click on "Confidential Veterans Chat."

For information on local PTSD programs and resources for veterans and their family members, contact the VA Sierra Nevada Health Care System at 775-786-7200 or visit reno.va.gov.





Reluctant at first, Meacham sought treatment describing the counseling as “life changing.”

Photo by David Calvert

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“When a traumatic event occurs, the brain floods with chemicals to help the person respond to the event,” said Trudy Gilbert-Eliot, a licensed marriage and family therapist who serves as 152nd Wing Director of Psychological Health for Nevada Air National Guard. “Sometimes, when there are too many events or too severe of an event, the brain gets locked on, and the chemicals alter the way the brain operates, which can result in PTSD.”

According to the National Center for PTSD, examples of traumatic events span the spectrum from combat exposure, terrorist attacks and natural disasters to serious accidents, physical or sexual abuse and assaults.

One soldier’s story

For Luana Ritch, who was deployed with the Army to South Korea from May 1980 to April 1981, the traumatic event was a car accident, compounded by other, more subtle stressors both during and

after deployment.

“We had a truck go off the road, and a tree went through the cab of the truck and crushed the passenger,” Ritch said. “Having to deal with that kind of circumstance at age 21 or 22, you have a whole host of emotions going through your mind.”

Adding to the stress was the general atmosphere in South Korea at the time, with rioting and social upheaval, along with threats from North Korea, followed by a jarring transition back to ordinary life in America.

“When I came home, all of a sudden I was in a different world,” said Ritch, who works with the Division of Mental Health and Developmental Services. “I started school with my veterans benefits, and I discovered it was really hard to find people I could relate to on that college campus.”

Thirty years later, two of Ritch’s employees were involved in a car accident quite similar to the one she experienced in South Korea, and the stress-related reactions began to emerge more often

and with increasing force.

“It was from that trigger that a lot of things I had been experiencing over the years became more acute, and I found myself feeling angry all the time,” she said. “That’s when I asked my primary care provider about talking to someone, and things started falling into place.”

Ritch ended up receiving treatment for her PTSD at the VA Sierra Nevada Health Care System in Reno. Like Meacham, she found that directly addressing and working through that backlog of emotions brought big benefits in terms of leading a healthier, happier life.

“You need to understand that you can reach recovery faster if you ask for help earlier,” Ritch said. “You shouldn’t wait for 30 years like I did, because help is available now.

“In the Army, we would’ve said get off your butt and do your job,” she added. “Your job here is to take care of yourself and get the help that’s available.”

Busting the myths about PTSD

Myth: PTSD is not a real condition.

Fact: PTSD produces measurable changes in the brain and body after trauma exposure, and these changes in brain functioning cannot be faked.

Myth: Only weak people get PTSD.

Fact: PTSD is the result of changes in how a person’s brain responds to the environment after exposure to traumatic events.

Myth: Only those who were wounded or in direct combat can get PTSD.

Fact: All kinds of traumas could result in PTSD. Examples include dealing with or witnessing other people being killed or seriously injured, exposure to dangerous situations, sexual abuse and assault.

Myth: If I get help, everyone will know.

Fact: The majority of psychological health care remains confidential.

Myth: Getting help for PTSD will hurt my career.

Fact: Seeking care can actually strengthen and protect your career by minimizing the impact of symptoms on your performance.

Myth: Treatment for PTSD doesn’t work.

Fact: A variety of effective treatments are available for PTSD, and these treatments are supported by research. Several forms of counseling have been shown to improve PTSD, and certain medications can help reduce symptoms.

Myth: People with PTSD will be violent.

Fact: “When someone is in treatment for post-traumatic stress, it actually lessens the possibility that an individual may become violent toward themselves or others,” said Luana Ritch, a retired Army veteran treated for PTSD.

Source: Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury.



Protective factors decrease risk for suicide

By Brandi Schlossberg

The mental state of a returning veteran can span the spectrum of feeling joy, excitement, relief and pride to worry, confusion, isolation and stress. In many ways, this mixed bag of emotions could be considered normal for any person going through a major life change. For returning veterans, that major life change involves making the shift from active military member to ordinary citizen — a shift that can be significant.

“Coming back from deployment, veterans may be eager to return to their relationships with loved ones but also uncertain about readjusting and fitting in, both in social and employment settings,” said Dr. Melissa Piasecki, a professor of psychiatry at the University of Nevada School of Medicine and a member of the Veteran Suicide Prevention and Policy Task Force for Nevada.

Depending on the individual veteran and his or her circumstances, negative feelings associated with a return from deployment could lead to thoughts about suicide, especially if certain risk factors

are present.

According to experts, risk factors vary and may depend on the veteran’s age, gender, culture, race and ethnicity. However, some risk factors for thoughts of suicide include substance abuse, depression, job loss, lack of support, financial problems, access to a firearm and past history of suicidal thoughts and behaviors.

“Suicide does not happen in isolation — it’s an outcome of a whole lot of other things that came before, the circumstances that contribute to this overwhelming sense of hopelessness and the belief that life will not get better,” said Army veteran Luana Ritch, “who works at the Nevada Division of Mental Health and Developmental Services and who co-authored a state report on suicide among veterans. “As a friend or family member, you have the opportunity to intervene and let the veteran know you understand they’re feeling hopeless right now, but there are ways to make



Photo by David Calvert

Trudy Gilbert-Eliot, 152nd Wing Director of Psychological Health for Nevada Air National Guard.

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life better, and there are people who can help.”

Take notice, take action

To find out how to make life better and access people who can help, veterans — as well as concerned friends and family members — are encouraged to call the Veterans Crisis Line at 1-800-273-8255, and press 1 or text 838255. You also can get help online by visiting veteranscrisisline.net and clicking on “Confidential Veterans Chat.”

By staying connected to the veteran and taking the necessary steps to get help, close friends and family members can play a key role in helping those who may be thinking about suicide. Often, the first step is to recognize that the veteran could be struggling with some serious issues.

“Generally, when anyone becomes suicidal it doesn’t come on all at once — it usually progresses over time,” said Trudy Gilbert-Eliot, a licensed marriage and family therapist who serves as 152nd Wing Director of Psychological Health for Nevada Air National Guard. “Any time a person goes through a significant life change, it’s important to be aware of changes in their usual coping patterns.

“They might withdraw, spend more time alone, be more irritable or grumpy, become angry easily, be overly sensitive or not seem to react to life in their normal pattern,” she added. “They may also drink more than usual.”

Watching out for such signs of changing behavior is one way friends and family members can stay alert to whether a veteran might be having thoughts of suicide. These changes in behavior also could include sleeping too much or too little, as well as engaging in reckless behavior, such as driving too fast or taking other unnecessary risks.

“There are a lot of different signs and symptoms, but I think any time you’re even worried about a veteran, that’s the tune to ask the veteran, ‘Are you thinking about hurting yourself?’ and take steps to keep that person safe,” Ritch said.

Ask, care, escort

The U.S. Department of Veterans Affairs has come up with the acronym ACE — ask, care, escort — to help friends and family members figure out what steps to take if they believe



Photo by David Calvert

Gilbert-Eliot outside her private practice in downtown Reno. In addition to working with the Nevada Air National Guard, she is a licensed marriage and family therapist.

a veteran may be having thoughts of suicide.

Gilbert-Eliot emphasizes the importance of the first step in this action plan — ask the veteran if he or she is suicidal or having any kind of unsafe thinking.

“Sometimes people are too tentative and are afraid it will hurt the person to ask,” Gilbert-Eliot said. “Instead, ask the question directly, and if they answer affirmatively, get them help.”

The care step means showing you’re concerned about what’s going on with the veteran, encouraging him or her to open up and then listening attentively. It also may mean removing any means the veteran could use to commit suicide, such as firearms.

“Families should be aware of the tremendous risk a firearm in the home poses and should discuss safety measures to reduce impulsive access,” Piasecki said. “Prior to any crisis, veterans and their families can access online resources and start talking about what to do if problems arise.”

As for the escort portion of ACE,

family and friends are instructed to do everything possible to expedite and ensure the veteran gets help. Depending on the urgency of the situation, this could mean calling the Veterans Crisis Line, attending medical appointments with the veteran or taking the veteran to an emergency room for immediate assistance.

Putting protective factors in place

The ACE action plan is one example of how a strong support network can serve as what experts call a “protective factor,” decreasing the veteran’s risk for suicide. Other protective factors include effective care for mental and physical issues, strong coping skills, cultural beliefs that discourage suicide, restricted access to lethal means, and connecting with fellow veterans.

“You can make connections through online resources, where videos and testimonials show others in the same situation,” said Piasecki, who suggests visiting a site called maketheconnection.net.

Taking this connection a step further,

many veterans also may benefit from attending peer-support groups, where it becomes obvious that no veteran is alone in his or her struggles.

“Once a person connects with VA mental health, there are groups,” Piasecki said. “In general, people in treatment rate the peer support from groups as one of the most helpful of all interventions.”

Currently, the Nevada Office of Veterans Services is working on a statewide plan to streamline and expand an array of protective factors for veterans, through an interagency approach called the Green Zone Initiative.

The initiative aims to coordinate the services, benefits and federal grants available to veterans, military members and their families for higher education, work-force development and wellness.

“Any time service delivery is streamlined and coordinated, everyone benefits,” Gilbert-Eliot said. “The initiative can help veterans access care and hopefully get referred to services that will best meet their needs.”



Returning to health

By Bridget Meade

In 2005, following a blast on his base in Sadr City, Iraq Army Sergeant Boone Cutler sustained a traumatic brain injury (TBI).

“I knew something had happened but I didn’t know how bad I was injured,” Cutler said in a YouTube video released May 24, 2012. Cutler brushed it off, figuring if he wasn’t bleeding it was time to move on. He did just that, and completed his mission in 2006. What Cutler didn’t know at the time was he had suffered one of the most common injuries sustained in the Iraq and Afghanistan wars.

Upon his return home, he was admitted to Walter Reed Army Medical Center for treatment of the TBI and related issues. Here he would spend the next two years.

“I was on so many drugs I could barely speak,” he said. “I was in the hospital at the time Anna Nicole Smith overdosed. They listed the drugs she was taking and I was taking the same ones. It was a chemical prison.”

Cutler’s escape plan from this prison was drastic. He decided to hang himself.

Fortunately for Cutler his former boss Gene Lumsden is a veteran who knew what Cutler was experiencing. He offered Cutler a job at Legacy Sports in Nevada. It was Cutler’s saving grace.

“It would be hard to hang myself knowing I had some place to be,” Cutler said. “He moved me to Nevada, gave me the keys to his business and told me to work around my injuries.”

The flexibility of this arrangement gave Cutler a chance to get to his doctor’s appointments and to start the healing process. It also offered Cutler a mission: To ensure that veterans help each other through their difficulties, no matter when or where they have served. He is now a nationally-recognized veteran’s rights leader, with a published book and a weekly Fox News radio show, “Tipping Point with Boone Cutler.”

Warrior Mentality

When Cutler was in Walter Reed, he



Photo by Amy Beck

Veteran Archie Robinson, right, participates in weekly golf lessons at the Rosewood Lakes Golf Course on Wednesday afternoon. The program funds free lessons for veterans.

made a vow to himself: “If I get out of here, I will do something to make sure no warrior is left without a voice.”

Cutler knows firsthand the trials and tribulations soldiers face when they come home. Whether it is post-traumatic stress disorder (PTSD), injuries, or simply the return to civilian life, Cutler adamantly believes that newly deployed combatants cannot succeed without the support of other soldiers.

In 2010, Cutler founded the National Warfighter Symposium (NWS). The goal of this organization was to bring attention to the alarming rate of veteran suicides

and homelessness. NWS became part of The Gallant Few, another non-profit organization dedicated to pairing older veterans with recently deployed combatants who can help the new vets readjust. Regardless of the type of support offered—social, professional, physical, or emotional — the goal is to make sure someone who understands the issues is there to help.

Cutler also advises police departments around the country how to de-escalate situations with warfighters.

“We’re seeing a clash between the police and warfighters,” Cutler explained.

“So I explain the warfighter mentality to them. If a warfighter is having a PTSD episode, they’ll react in ways they normally would not. Chemical substances such as medications, alcohol, or drugs can also effect their reaction. I train the police to engage with warfighters in a way that ends well for all.”

It’s not just clashes with outside forces that veterans encounter – it can be clashes with their bodies as well. By the time they return from war, soldiers are accustomed to a rigorous exercise routine.

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When they come home, that structure is no longer available. If injuries prevent them from exercising they way they did before their service, the effects can be disastrous.

“The City of Reno collaborated with the Department of Veterans Affairs to create the three, 6-week We Will Golf Again programs,” City of Reno Therapeutic Recreation Specialist April Wolfe explained.

Free to veterans, the program offers six hours of group instruction by a golf pro at a course, range balls, and golf clubs. It also provides adaptive equipment such as accessible carts.

“Veterans need to find ways to get engaged or re-engage in their community,” said Wolfe.

In addition to the golf instruction program, the city offers adaptive cycling and white water rafting programs. They also hold a four-day Military Sports Camp for 15 disabled veterans and disabled service persons. The program sponsors the veteran and one guest (such as a spouse, family member, or friend) to attend.

“The goal is to encourage an active, healthy lifestyle,” Wolfe said. “It’s also important to include the spouse. It helps them see their loved ones are able to do similar activities. We also encourage the staff at the VA to come out and see their patients in a recreational environment.”

Connections

Re-entry is not just hard on veterans – it is difficult for their family members and coworkers. Cutler’s advice to family members is to recognize their loved one as “evolved and unbroken.” Even though people often remark that veterans “aren’t the same” when they return home, he explains that the person who left for war is gone and whatever part of them is gone had to die in order to survive.

However, this change is not something to be mourned. Because of their training and attention to detail, veterans make excellent employees in the civilian work force. Cutler advises veterans to maintain their warrior mentality and seek out other veterans in the work force. He also pleads with human resources managers to not be so “PTSD phobic.”

“Every warfighter is known for something,” Cutler said. “We will become leaders. What we did over there is extraordinary.”



Veteran Art Marr, right, gets some help from PGA Director of Instruction Fred Elliot during weekly golf lessons at the Rosewood Lakes Golf Course on Wednesday afternoon. The program funds frees lessons for all veterans.



Veteran Art Marr participates in weekly golf lessons at the Rosewood Lakes Golf Course on Wednesday afternoon. Marr is now blind and this program still allows him to learn how to golf. The program funds frees lessons for all veterans.



Veterans during weekly golf lessons at the Rosewood Lakes Golf Course on Wednesday afternoon. The program funds frees lessons for all veterans.

Photos by Amy Beck



Not just a disability

Wounded veterans move beyond their injuries

By Bridget Meade

For the 2.4 million Americans soldiers who have or are currently serving in Iraq and Afghanistan, it is important to think about what comes next. This rings especially true for those who come home disabled.

“I tell veterans that not everyone needs to know your disability,” said Disabled American Veterans National Service Officer John Hansen. “But you need to get help – if nothing else, do it for your family.”

Organizations like the Disabled Veterans of America at the Veterans Affairs Northern Nevada regional office help veterans through the benefit claims process. Time is of the essence when it comes to filing for benefits.

“What’s critical is that they start the process when they get home,” Hansen said. “The longer they wait, the longer the claim can take to be approved. Not everyone gets that information.”

The following stories show how far we have come in caring for our veterans and what work still needs to be done. Most importantly, it is a stark reminder of the realities they face when they come home.

Dr. Robert Primeaux

“I joined the Army when I was 17,” Dr. Robert Primeaux recalls. “I tried college but it didn’t work. My mom suggested joining the Army. Mom regretted that.”

Primeaux had little to no knowledge of the Vietnam War when he joined in 1968. He spent three years in the service as a squad leader with combat unit Delta Troop, 2nd/17th part of the 101st Airborne Division in 1969/1970.

He was called home when his little brother Richard died in 1970 and never returned to Vietnam. Ten days after he left, his unit was part of a 10-day battle where 65 soldiers were killed.

“Losing that many men in a firefight is very hard,” Primeaux said. “I still carry a lot of survivor’s guilt not being able to be there for my buddies because I was the most experienced combat non-commissioned officer in my platoon.”

Between losing his brother and not being able to help his platoon, he had a difficult time. Primeaux was given a compassionate reassignment to Minneapolis to be near his mother who lived on the Standing Rock Sioux Tribe reservation in North Dakota. In March 1971, he was the sole survivor in a car wreck and spent the next 8 months in coma.

While in a coma, he was given his last rites seven times and when he woke up, his family and a priest were standing over him.

“My mom told me later that when I woke up, the priest told her that God has something special planned for this boy someday,” Primeaux recalled. “When I woke up, I didn’t know who I was, where I was, or what had happened. The top neurosur-

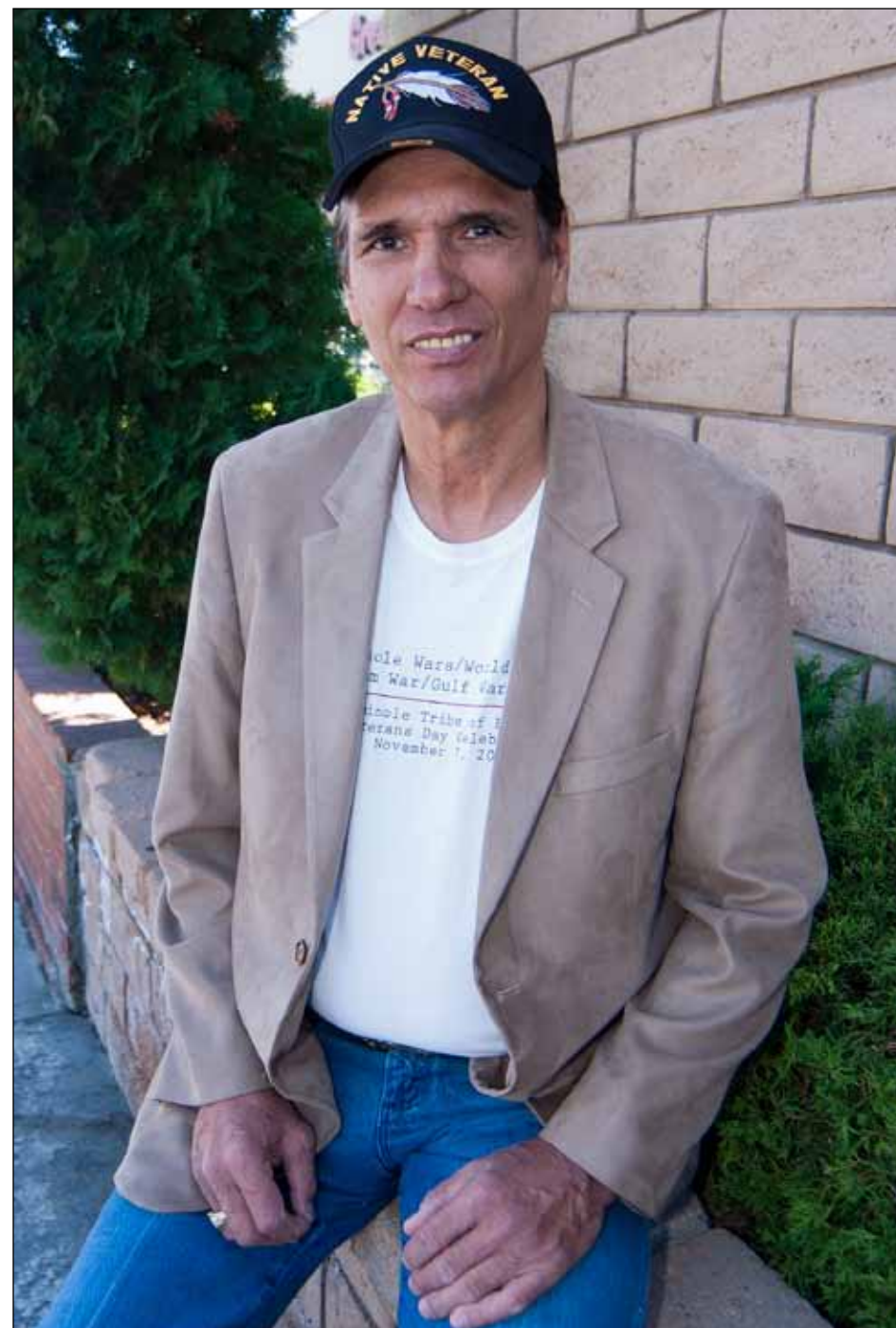


Photo by Amy Beck

Dr. Robert Primeaux is an American Indian veteran who hosts two weekly radio shows on American Indian and veteran issues.

geon at the Mayo Clinic gave me 10 years to live and said I would be a vegetable for the rest of my life.”

The doctor’s prediction was wrong. He was able to walk again and went back to school for his college education. However, Primeaux did sustain a traumatic brain injury in the wreck that caused psychomotor epilepsy – the only form of epilepsy caused by injury. It left him 100 percent disabled.

Even so, the survivor’s guilt from not being there for his unit in Vietnam and being the sole survivor in the car wreck weighs heavily on him. Primeaux needs help

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Photos by Amy Beck

Dr. Robert Primeaux is an American Indian veteran who hosts two weekly radio shows on American Indian and veteran issues.

Clockwise from left, Dr. Dave Kemppinen, Elmer Atlookan, Eddie Floyd and Dr. Robert Primeaux record an episode of Warrior, a radio show that focuses on American Indian issues. Primeaux is an American Indian veteran who hosts two weekly radio shows on American Indian and veteran issues.

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sleeping at night and still has nightmares. When he was discharged from the service, Post Traumatic Stress Disorder was not a recognized condition.

“I don’t have much patience,” he said. “I put myself in a mode of complete solitude. I am oblivious to anything around me. When I get upset, I just stay quiet.”

In the 1970s and ‘80s, Primeaux handled things differently.

“Being raised on a horse and cattle ranch in North Dakota, I learned that when you’re upset you fight a relative,” he explained. “In Vietnam, I would go to a bar, have a few drinks and fight somebody just to relieve tension. However, those days are over.”

In the summer of 1982, five fellow American Indian veterans committed suicide. Not wanting to be one of them, he sought help when his mom witnessed one of his violent flashbacks.

“I went to Ft. Meade for help and spent 18 months in a psych ward,” he recalled. “At the time I was the only American Indian in the hospital. No one on the reservation knew about the available resources.”

Even so, it took a while to receive benefits. After his stay at Fort Meade, Primeaux began to receive benefits for his disabilities. He also committed to raising awareness about the issues American Indian veterans face. Even as a 100 percent Service-Connected Disabled Vietnam Veteran, Primeaux has been a successful actor, hosts two nationally syndicated radio talk shows, and has received four college degrees.

“My sister Jean inspired me to receive my education,” he smiled. “It saved my life.”

Primeaux’s work is not finished. He now works closely with the Northern Nevada Disabled American Veterans association to see that his American Indian comrades get the help they need.

“American Indian veterans are dying so fast,” he lamented. “They need help.”

Col. Alexander Lemberes

By the time Col. Alexander Lemberes was airlifted out of the Vietnam War with a broken back and ankle, he had served in two wars and worked directly under President John F. Kennedy.

When the ambulance drove him to the hospital, Lemberes, a Commander of the

Green Berets, heard what sounded like objects hitting the vehicle. He soon found out the noise came from protesters throwing objects at the ambulance because he had served in Vietnam.

“As a soldier, it made me so mad,” Lemberes said. “These 18 year old youngsters didn’t want to fight for what they had.”

Despite his anger toward the protesters, a local Elks Club asked Lemberes to speak at an event. When someone in the audience asked how he liked war, his answer was frank.

“Anyone who likes war doesn’t know what fighting is,” he told the audience. “We should not be in Vietnam.”

That comment was picked up by the national news. When President Richard Nixon got wind of his remarks, he ordered his staff to “find that Colonel and kick him out of the Army.”

“I was infuriated by his remarks,” Lemberes said. “Luckily I had been Nixon’s right hand man’s roommate at WestPoint. It took a short phone conversation to smooth things over.”

Since Lemberes’ return from Vietnam, he taught military science at the Univer-

sity of Nevada, Reno. He ran a successful business, raised children, and developed a special bond with his grandson, Greg Goss. Even so, his body serves as a constant reminder of what he went through during the wars.

Besides the residual effects from his injuries, he has fought cancer three times. A likely side effect from exposure to Agent Orange, Lemberes still has cancerous cells removed from his skin every 3-6 months. It wasn’t until he was in San Francisco receiving treatment that someone referred him to John Hansen at the Disabled American Veterans.

Since then, Hansen helped Lemberes get the services he earned during his 32 consecutive years of service.

“John has become a good friend,” Lemberes said with a smile. “He has been very helpful and kind to me. The treatment I’ve received through the VA has been great.”

Now, at nearly 90 years old, Lemberes has trouble with his memory. However, he will look you straight in the eye and tell you he loved his military life and wouldn’t trade it for anything.

“I’m happy to have had it,” he said. “I’ve had an extraordinary life.”



Veterans make valuable employees

By Brandi Schlossberg

There's a list of reasons Gerd Poppinga wants to hire veterans. A former Army sergeant, Poppinga can empathize with the challenges military members face as they make the transition back to civilian work. He's also well aware of the traits that make veterans such valuable employees.

"I know from personal experience what it's like to be discharged from military service and trying to look for a job," said Poppinga, who was drafted from 1966 to 1968.

Today, Poppinga is president and CEO of Vineburg Machining. Based in Carson City, the company makes parts for a wide range of clients, from military and medical to automotive and architecture. Poppinga currently employs two veterans at Vineburg Machining and hopes to hire more.

"There are many reasons veterans make good employees," Poppinga said. "A veteran understands how genuine teamwork grows out of a responsibility to one's fellow soldiers."

Poppinga also lists integrity, performance under pressure, respect for procedures and diversity, and a proven ability to learn new concepts among the attributes that make veterans such worthwhile hires.

"Veterans understand what it means to do an honest day's work, they understand tight schedules and limited resources," Poppinga said. "Veterans also have the sensitivity to cooperate with many different types of individuals, and they have a grasp of their place within an



From left, Desiree Constable, Chris Solberg, Mike Turek, Mike Davis, Larry Auchoberry at the Minden GE Measurement & Control office at Bently Nevada Photo by David Calvert

organization's framework."

In an effort to find and hire veterans, Vineburg Machining works with Nevada JobConnect and the Nevada Department of Employment, Training and Rehabilitation. Both organizations offer programs specific to veterans looking for jobs and employers looking for veterans.

Veterans are 'very hard workers'

In Minden, another company is taking proactive steps to hire veterans, for many of the same reasons cited by Poppinga.

That company is GE Measurement & Control at Bently Nevada, a division of GE Oil & Gas. The company employs about 750 people and provides both software and hardware to monitor the condition of large assets, such as gas turbines.

"The bottom line is that veterans are very hard workers — they're committed to the mission, and they work well in large bureaucratic organizations like GE," said Mike Turek, quality manager at Bently Nevada and site representative for

the GE Veterans Network.

A Navy nuclear submarine officer from 1988 to 1993, Turek aims to use his experience in both the military and the civilian work world to assist other veterans making the transition, as part of the mission of the GE Veterans Network.

According to Turek, the Veterans Network aims to honor and support the 10,000-plus veterans who work for GE worldwide, attract and retain the best employees from the military, and provide

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outreach and assistance to U.S. veterans in general.

“The number-one thing we did here at Bently Nevada this year was hold our first Northern Nevada Military Appreciation Fair,” Turek said. “Thirteen local companies came out to hire veterans, and we had 24 veteran support groups on-site — I had no idea how many outreach organizations there are for veterans.”

For next year, the Veterans Network at Bently Nevada is working to join forces with the Reno-Tahoe Open, in an effort to expand the military appreciation fair from one day to a full week of events.

Translating military résumés

One of the key services available at military job fairs, and also through veteran employment-assistance programs, is help translating military résumés into language civilians can understand.

“Deciphering those military résumés can be really difficult for a civilian employer,” Turek said. “For example, if you were looking for an information technology (IT) employee, how would you know that IT is known as “signal battalion” in the military?”

In fact, skill translation is one of the most common challenges cited by employers when it comes to hiring veterans, according to a recent report

from the Center for a New American Security.

“That’s where we can provide the best service — experienced managers who know what résumés look like and know how to communicate those skills,” Turek said. “Taking one hour to get help with their résumés can benefit veterans the rest of their lives.”

Besides résumé assistance, job fairs also feature potential employers receiving and reviewing veterans’ résumés.

A common thread

At the Northern Nevada Military Appreciation Fair, managers from Bently Nevada met a veteran who seemed a good fit for an open position. Three weeks later, he was offered the job, joining the ranks of about 65 other veterans employed by Bently Nevada.

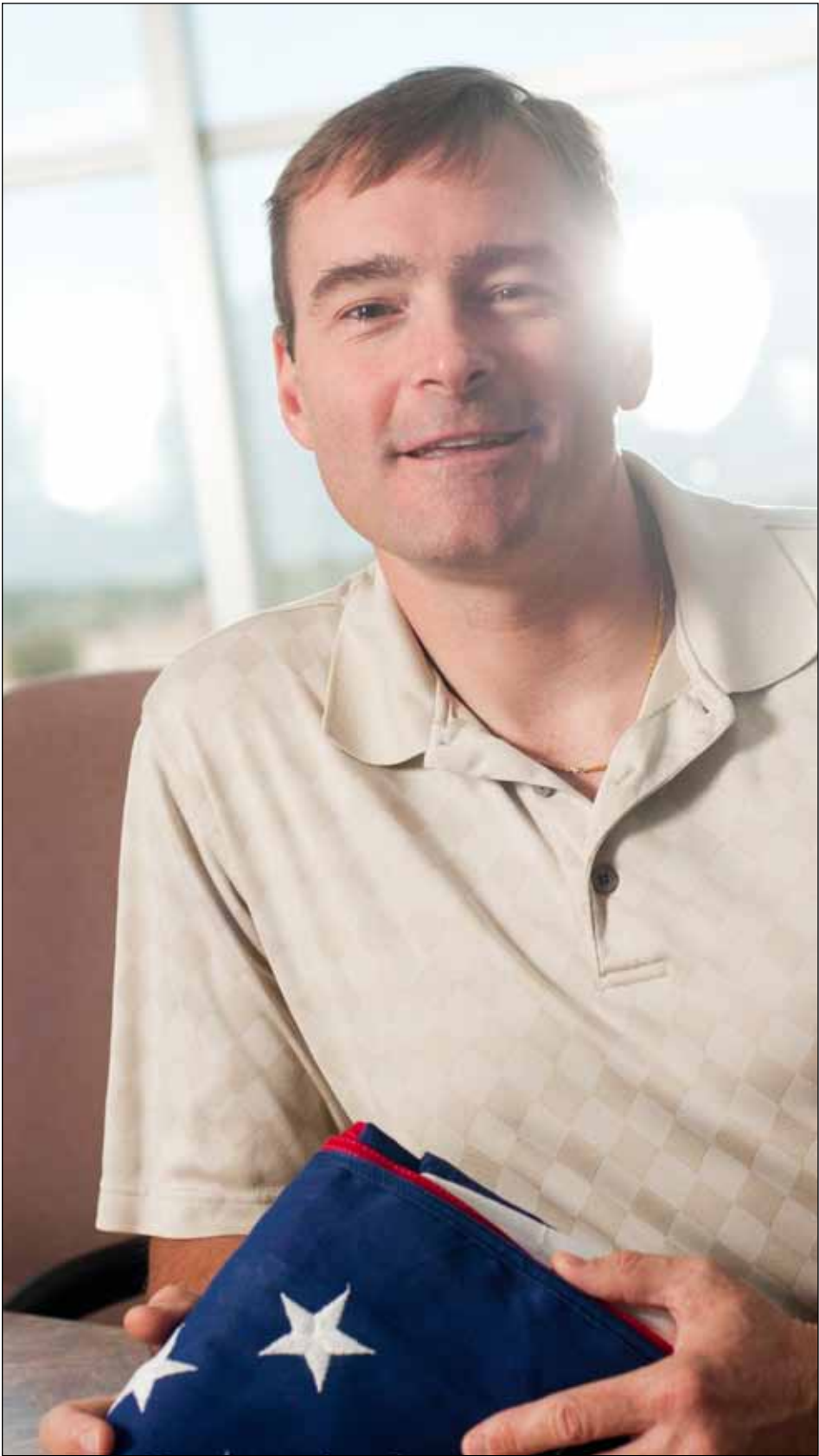
“We’ve got guys from the Vietnam era, folks who served in the ’80s and never experienced war, and then we’ve got the modern generation — all volunteers who signed up, got called out and went to war,” Turek said.

He describes a common thread that connects the veterans who work for Bently Nevada, regardless of their generation, where they served or the position they now hold.

“They’ll work their butt off for you, and they always support the mission,” he said.



Bently Nevada employs 65 vets across the generations of military service. In June they were presented with the Nevada National Guard Employer Support of the Guard and Reserve Program Pro Patria award. The award is presented annually to one employer in the state or territory who has provided exceptional support of national defense through leadership practices and personnel policies, and who supports their employees who serve in the National Guard or Reserve.



Photos by David Calvert

Lt. Mike Turek, Submariner Officer US Navy, retired. Turek is the quality manager at Bently Nevada and site representative for the GE Veterans Network.



Lessons from the past

Veterans deserve a warm welcome home

By Brandi Schlossberg

One of the best ways to get a peek into the experience of veterans past and present — and grasp the general American view of those veterans — may be to make time for a few movie nights.

You might begin with the 1949 film “Sands of Iwo Jima,” starring John Wayne and depicting the heroic efforts of World War II soldiers, including the iconic raising of the U.S. flag on Mount Suribachi.

Follow that up with “The Bridges at Toko-Ri,” a 1954 movie about the Korean War, which portrays a group of Navy fliers, who are sometimes uncertain about fighting in a war that seems remote to many Americans.

From there, pick one or more of the popular Vietnam War movies, such as “Apocalypse Now,” “Platoon” or “Full Metal Jacket.” You might finish your trip through movie history with the “The Hurt Locker,” a 2008 film about three American soldiers who perform explosive ordinance disposal in Iraq.

“These movies represent different conflicts over time, and how those conflicts were received by populations differently during those times,” said Luana Ritch, who was deployed with the Army to South Korea from May 1980 to April 1981. “World War II veterans came home as heroes, whereas Korean veterans were essentially forgotten.”

In fact, the Korean War has been referred to as “The Forgotten War” or “The Unknown War” due to the lack of public attention both during and after the conflict. The Vietnam War, on the other hand, received a great deal of attention — but not necessarily the full support of the American people.

“The Vietnam War epitomized an unpopular war, and some veterans had very negative experiences when they came home,” said Ritch, who is a member of the Veterans of Foreign Wars and Disabled Veterans of America. “Some of these veterans experienced



Photo by Robin Trimarchi/Columbus (Ga) Ledger-Enquirer
Spc. Aaron Cardinal of Randolph County, W. Va., hugs his wife Deanna and his 15-month old daughter Joslyn as he comes home to Fort Benning, Ga., from Iraq with the 3rd Brigade Combat Team, 3rd Infantry Division advance party Saturday, April 27, 2012.

feelings of isolation, and they may have suffered from being ostracized, for example on a college campus, because they were in the military.

“A community can do a lot to make sure that every individual who has served can come back and be embraced as a full member of the community,” she continued. “That’s something that didn’t happen for most Vietnam veterans.”

Long-term repercussions

For Cory Farley, who served as a

Special Forces medic in Vietnam from 1967 to 1968 — before resistance to the war was widespread — coming back to the United States was not an especially negative experience. However, he has seen some long-term repercussions among his fellow veterans.

“I kept in very loose touch with only 11 people I knew in the Army, all of whom were medics in Special Forces,” said Farley, a freelance writer and retired columnist for the Reno Gazette-Journal. “Two of them have committed suicide,

and a third died in an unexplained car crash that sure sounds like suicide.

“Two of the others that I know of had serious drug and alcohol problems, and one is doing life in Utah for sexual crimes,” he continued. “I think only two or three of us have managed to stay married.”

With an awareness of what can happen when our veterans are not welcomed back with warmth and appreciation, community members and organizations are urged to learn from the past — and take proactive steps for a better future.

“When many veterans of the earlier times came back from their service, they were in uniform one day, and they weren’t the next — there was no transition,” said Ritch with the Division of Mental Health and Developmental Services. “Today, there are programs in place that aim to make the transition better.”

According to Zola Ferguson, who served a three-month tour in Iraq and an eight-month tour in Afghanistan, making a successful shift back to civilian life depends on both the individual veteran and the support that veteran receives.

“Every combat veteran is unique and may require different time frames and different assistance in making the transition to successful civilian life,” said Ferguson, who serves as the Women Veterans Program Manager at the VA Sierra Nevada Health Care System in Reno. “As a community, I think understanding the challenges and the individual are the keys to assisting returning combat veterans.”

A look at returning veterans

To understand veterans and their challenges, it may be important to recognize some of the ways in which today’s veterans differ from those who served in the past. For starters, there’s a new demographic of returning veterans — women.

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Photo Linda Stelter, Birmingham News

Jaylin Price, 5, hugs her dad Jared Price from Alexander City, Ala., as about 90 soldiers from the 214th Military Police Company from The Alabama Army National Guard come home to family and friends Friday, June 10, 2011 at the Alexander City National Guard Armory in Alexander City, Ala. The company was stationed in Iraq and Bahrain for the last year.

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“There are more than 100,000 American female veterans who have served in Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn,” Ferguson said.

There also are many more survivors, both male and female, coming home from these modern conflicts, thanks to advances in medicine and technology. These survivors bring with them wounds that may or may not be visible, and which could require special long-term care.

“Young men and women with injuries are coming back into our communities in record numbers,” Ritch said. “You could have been hit by an IED this morning in Afghanistan and be in a military hospital less than 72 hours later, being treated for your wounds.”

The widespread use of improvised explosive devices leads to another factor that’s different for today’s veterans — there’s no clear-cut front line, so all kinds of military members may be exposed to insurgent attacks.

“The signature event that has caused injury has been the IED, the road bomb, and that particular weapon is nondiscriminatory,” Ritch said. “It can blow up a vehicle full of infantrymen, medical personnel or just the unlucky

truck driver.

“They’re all coming home with injuries — loss of limbs, burns, disfigurement,” she continued. “We need to look at them as individuals who have served, honor and recognize their service, find out what they need and how we can help them achieve that.”

Welcome, embrace and appreciate

Regardless of whether a veteran has obvious wounds or appears to have no issues at all, there are ways in which members of the community can welcome back, embrace and show appreciation for returning service members. Next time you encounter a veteran, try starting with these five simple words: “Thank you for your service.”

“Everyone who has served today and in the past needs to know their service was appreciated,” Ritch said. “They need to know they’re valued as a person.”

It’s clear the past holds lessons about the treatment of returning veterans, and how the quality of their return and reception can impact the often complex transition back to civilian life. By applying these lessons to today’s returning veterans, we can work toward a better future for the men and women who serve — and our nation as a whole.



Photo by Maya Alleruzzo

USO and Red Cross volunteers applaud U.S. Army soldiers from 1st Brigade, 3rd Infantry Division, based at Fort Stewart, Ga., at Hunter Army Airfield in Savannah, Ga. after an 18-hour journey home from a yearlong deployment in Iraq. More than seven years after 1st Brigade entered Baghdad as the first conventional U.S. forces in Iraq, its soldiers are coming home from a yearlong deployment that saw the end of combat operations.





Veterans Resources



Nevada Office of Veterans Services: <http://www.veterans.nv.gov>

Health & Wellness

Traumatic Brain Injury:

<http://www.mirecc.va.gov/VISN16/providers/TUFF.asp>

VA Sierra Nevada Health Care System:

<http://www.reno.va.gov/> or 775.786.7200 For information about a variety of available services, such as substance abuse, counseling, residential programs, information and referral services, support groups, utilities, etc.

VA Southern Nevada Health Care System:

<http://www.lasvegas.va.gov/>

Online Personal Health Records-My HealtheVet:

http://www.va.gov/opa/publications/factsheets/fs_my-healthevet.pdf

Nevada State Rehabilitation Division:

<http://detr.state.nv.us/rehab%20pages/rehab.htm>

Disabled American Veterans (DAV):

<http://www.davmembersportal.org/nv/default.aspx>

Care Chest of Sierra Nevada:

<http://www.carechest.org/>

Veterans Crisis Line:

1.800.273.8255 and press one (1).

Nevada Division of Aging and Disability Services:

<http://aging.state.nv.us/index.htm>

Northern Nevada Adult Mental Health Services:

http://mhds.state.nv.us/index.php?option=com_content&view=article&id=17&Itemid=13

Southern Nevada Adult Mental Health Services:

http://mhds.state.nv.us/index.php?option=com_content&view=article&id=21&Itemid=14

Health Care for Homeless Veterans Program:

775.324.6600 or toll free 1.888.838.6256

Gulf War Illness:

www.gulflink.osd.mil

www.caregiver.va.gov

RAW (Reintegration And Wellness):

www.okcorralseries.com

www.vitalityunlimited.org

Northern Nevada Wheel Chair Program; providing mobility equipment to vets, and their families and dependents:

Reno-775-857-9905, Carson City-775-530-7351

Education

www.unr.edu/veteran

www.tncc.edu/veterans/benefits

www.wnc.edu/student-services/financial/funding-veterans.php

www.unlv.edu/veterans

www.gibill.va.gov

Employment

Nevada Department of Employment, Training and Rehabilitation:

<http://detr.state.nv.us/>

Nevada JobConnect:

<http://www.nevadajobconnect.com/>

Division of Human Resource Management:

<http://dop.nv.gov/>

www.gijobs.com

www.hire-quality.com

www.militaryconnections.com

www.orioninternational.com

www.recruitmilitary.com

www.careeronestop.org/militarytransition

www.h2h.jobs

www.dol.gov/vets (dept of labor)

www.freedomspath.org

Veteran's Training Center-Reno, NV:

775-345-5330

Community Services Agency;

free employment assistance:

775-786-6023 www.csareno.org

Other Helpful Links

Nevada Office of Veterans Services:

<http://www.veterans.nv.gov/>

Washoe County Veteran Court:

www.co.washoe.nv.us/defender/vcgeninfo.html

Nevada National Guard Support Services:

http://www.nv.ngb.army.mil/family_programs.cfm

Nevada State Treasurer Veteran Services:

https://nevadatreasurer.gov/Index_MilitaryHeroes.htm

Reno Vet Center:

<http://www.vetcenter.va.gov>

Resource telephone number for combat veterans:

1-877-WAR-VETS

Veteran Owned Businesses:

<http://www.veteranownedbusiness.com/nv>

Clark County Veterans Assistance Center:

www.ccvac.net/

USAA Veterans Products and Services:

www.usaa.com

Nevada State Equal Rights Commission:

<http://detr.state.nv.us/nerc.htm>

United States Department of Veterans Affairs, Nevada's Regional Office:

<http://www2.va.gov/directory/guide/facility.asp?ID=247&dnum=All?>

Veterans of Foreign Wars:

<http://www.vfw.org/>

AMVETS:

<http://www.amvets.org/>

Purple Hearts:

<http://www.purpleheart.org/>

American Legion:

<http://www.legion.org/>

Military and Family Support Services:

685 E. Plumb Lane, Reno, NV 89502, 1-800-639-3128.

6400 Range Road, Las Vegas, NV 89115, 1-866-699-3128



Photo by Associated Press

